

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10698464</div>		Filing Date	
				Applicant(s)			

  

* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

  

* May be used for additional claims or amendments						
	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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